

Filing at a Glance

Companies: Praetorian Insurance Company, Redland Insurance Company

Product Name: Occurrence Limit Form Filing	SERFF Tr Num: PRAE-125225053	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: AR-PC-07-025501
Sub-TOI: 01.0001 Commerical Property (Fire and Allied Lines)	Co Tr Num: PFG-AR-CF-F-01	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Kristen Garraffa

Date Submitted: 07-19-2007

Disposition Date: 07-27-2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 07-27-2007

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 07-27-2007

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 07-27-2007

State Status Changed: 07-19-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In accordance with regulatory law, Praetorian Financial Group, submits the enclosed form for use with all of our Commercial Property programs, for all of its companies licensed to do business in your state.

Company and Contact

Filing Contact Information

Kristen Garraffa, Senior Filing Analyst
88 Pine Street
New York, NY 10005

kgarraffa@praetorianfinancial.com
(212) 805-9700 [Phone]
(212) 805-9806[FAX]

Filing Company Information

Praetorian Insurance Company
7 Times Square

CoCode: 37257
Group Code: 517

State of Domicile: Illinois
Company Type: Property &
Casualty

New York, NY 10036
(212) 805-9700 ext. [Phone]

Group Name: Hannover Re Group
FEIN Number: 36-3030511
State ID Number:

Redland Insurance Company
7 Times Square

New York, NY 10036
(212) 805-9700 ext. [Phone]

CoCode: 37303
Group Code: 517

Group Name: Hannover Re Group
FEIN Number: 42-1113749

State of Domicile: New Jersey
Company Type: Property &
Casualty

State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Praetorian Insurance Company	\$50.00	07-19-2007	14670596
Redland Insurance Company	\$0.00	07-19-2007	

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-27-2007	07-27-2007

Disposition

Disposition Date: 07-27-2007

Effective Date (New): 07-27-2007

Effective Date (Renewal): 07-27-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-27-2007 08:09 AM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Occurrence Limit of Liability Endorsement	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Occurrence Limit of Liability Endorsement	PFG CP 001	2/07	Endorsement New nt/Amendment/Conditions		0.00	PFG CP 001 - Occur Limit.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Occurrence Limit of Liability Endorsement

This endorsement modifies the following coverage forms:

**BUILDING AND PERSONAL PROPERTY COVERAGE
BUILDERS RISK COVERAGE FORM
BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM
BUSINESS INCOME (WITHOUT EXTRA EXPENSE) COVERAGE FORM
CAUSES OF LOSS – BASIC FORM
CAUSES OF LOSS – BROAD FORM
CAUSES OF LOSS – SPECIAL FORM
COMMERCIAL PROPERTY COVERAGE PART
CONDOMINIUM ASSOCIATION COVERAGE PART
CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE PART
STANDARD PROPERTY POLICY
TOBACCO SALES WAREHOUSE COVERAGE FORM**

It is understood and agreed that the following special terms and conditions apply to this policy and override any conditions that are stated on the coverage form:

1. The Limit of Liability or Amount of Insurance shown on the face of this policy, or endorsed onto this policy, is the total limit of the Company's liability applicable to each occurrence, as hereafter defined. Notwithstanding any other terms and conditions of this policy to the contrary, in no event shall the liability of the Company exceed this limit or amount irrespective of the number of locations involved.

The term "occurrence" shall mean any one loss, disaster, casualty or series of losses, disasters or casualties arising out of one event. When the term applies to loss or losses from the perils of tornado, cyclone, hurricane, windstorm, hail, flood, earthquake, volcanic eruption, riot, riot attending a strike, civil commotion and vandalism and malicious mischief one event shall be construed to be all losses arising during a continuous period of 72 hours. When filing proof of loss, the Insured may elect the moment at which the 72 hour period shall be deemed to have commenced, which shall not be earlier than the first loss to the covered property occurs.

2. The premium for this policy is based upon the Statement of Values on file with the Company, or attached to this policy. In the event of loss hereunder, liability of the Company, subject to the terms of paragraph one (1) above, shall be limited to the least of the following:
 - a. The actual adjusted amount of loss, less applicable deductible(s).
 - b. The total stated value for the property involved, as shown on the latest Statement of Values on file with the Company, less applicable deductible(s).
 - c. The Limit of Liability or Amount of Insurance shown on the declaration of this policy or endorsed onto this policy.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	07-27-2007
Comments:			
Attachment:			
F-777.pdf			
		Review Status:	
Satisfied -Name:	Filing Memorandum	Approved	07-27-2007
Comments:			
Attachment:			
Filing Memorandum.pdf			

Property & Casualty Transmittal Document


1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Hannover Re Group	0517

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Praetorian Insurance Company	IL	37257	36-3030511	
Redland Insurance Company	NJ	37303	42-1113749	

5. Company Tracking Number	PFG-AR-CF-F-01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Kristen Garraffa 88 Pine Street New York, NY 10005	Senior Filing Analyst	(212) 805-9771	(212) 894-7821	kgarraffa@pfgi.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Kristen Garraffa		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	1.0001 - Commercial Property
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	All of our commercial property programs
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Upon Approval Renewal: Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	July 19, 2007
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	PFG-AR-CF-F-01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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In accordance with regulatory law, Praetorian Financial Group, submits the enclosed form for use with all of our Commercial Property programs, for all of its companies licensed to do business in your state.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

Praetorian Insurance Company
Redland Insurance Company

Filing Memorandum

In accordance with regulatory law, Praetorian Financial Group, submits the enclosed form for use with all of our Commercial Property programs, for all of its companies licensed to do business in your state.

Occurrence Limit of Liability Endorsement PFG CP 001 (2/07):

The intent of the proposed form is to define occurrence and clarify our intent - to advise what we are charging premium for and what we will pay in the event of a loss. This is optional as underwriters can verify in some cases that the values reported are accurate.

Since this endorsement does not change the coverage offered the insured, there is no rate impact.